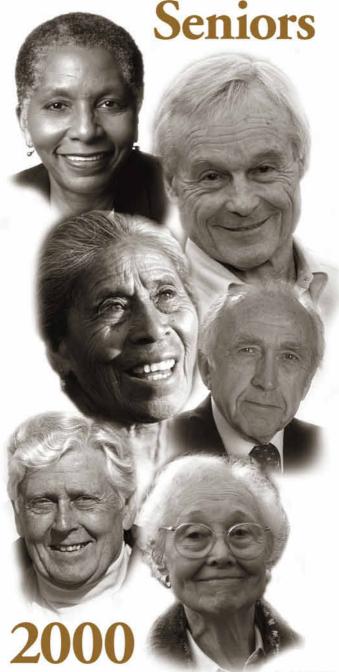
Investing in South Carolina's Seniors



AARP

## South Carolina's

population is aging rapidly. Within the next 25 years, the number of South Carolinians age 60 and over is expected to double, from our current 637,673 to more than 1,290,000. Long range strategic planning is crucial so the impact of this growth can be manageable for our state and local governments, natural resources, our families and individual citizens.

The cost of caring for this aging population will have tremendous impact, too, on our health care system and our state's financial resources. Home-based and community-based services allow many individuals the option of remaining in their homes and in their communities. South Carolina needs to invest additional state funds to supplement limited Older Americans Act federal funds and local funds to provide preventive services to help its non-Medicaid seniors remain in their homes. The expenditure of additional state funds for preventive services can be a smart investment as the number of older South Carolinians requiring services grows.

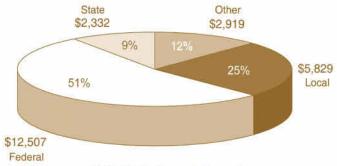
## What is South Carolina Doing for Seniors Now?

- South Carolina provides many services for seniors through a number of public and private organizations. Some of the major state agencies are Health and Human Services, Health and Environmental Control, and Adult Protection Coordinating Council.
- The Medicaid program provides health care to low income seniors. The South Carolina Aging Network, which is primarily funded by the Older Americans Act, provides preventive services to seniors 60 and over regardless of income.

### What Is the SC Aging Network?

- The Office of Senior & Long Term Care Services oversees 10 regional and 59 local service providers in South Carolina, and is located in the Department of Health and Human Services.
- Services are funded through Older Americans Act federal funds, a small amount of state funds, and a growing amount of local and other funds. Other sources of funds are important to increase services because the growth in federal funds has been limited.
- The primary focus is to provide preventive services to our state's seniors aged 60 and over.
- Aging Network services are provided primarily to persons age 60 and older, and there are no income or eligibility requirements such as disability.

#### Sources of Funds for Aging Programs



FY 99-00 Dollar Figures in Thousands

The major services provided through the Aging Network are as follows:

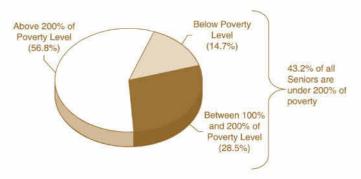
Services *	Clients	Units
Personal Care	1,064	107,199
Homemaker	1,976	96,489
Home Delivered Meals	11,356	1,521,300
Congregate Meals	12,884	1,263,747
Transportation	6,355	1,700,498

 <sup>\* 1999</sup> Data – 29,783 unduplicated persons served by the Aging Network

#### Income

- 60.5 percent of seniors served by the SC Aging Network are below the federal poverty level.
- Most of the seniors served are below 200 percent of poverty.
- Many of our older South Carolinians are proud people who have worked all their lives, paid taxes, supported their community and state, and have never required governmental assistance.
- · Many of them are just above the poverty level.

#### Poverty Status for All South Carolinians Over Age 65



#### Federal Poverty Levels For One and Two Person Households-2000

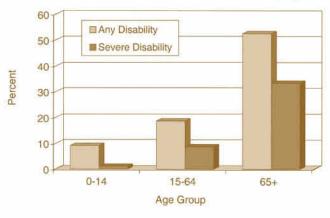
Poverty Level	No. Persons	Annual Limit	Monthly Limit
100%	1	\$8,350	\$695.83
100%	2	\$11,250	\$937.50
200%	1	\$16,700	\$1,391.67
200%	2	\$22,500	\$1,876.00

- The SC Community Long Term Care Program (Medicaid home and community-based care) has 10,492 elderly/disabled Persons in its program. There are approximately 4,000 persons waiting placement in the program.
- The SC Aging Network currently has 4,664 persons waiting for services throughout South Carolina.

## Limitations for Daily Living

 As people age, their ability to maintain their independence decreases.

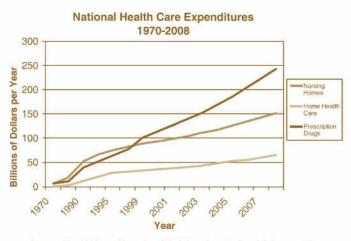




- The percentage of persons with any or severe disabilities increases significantly with age, as does the degree of disability. For persons 80+, 53.5 percent have serious disabilities and 71.5 percent have a disability.
- 30 percent of individuals 65+ have significant functional or cognitive impairments requiring long-term care services. Long-term care services may be institutional services in a nursing home or home and community based services such as light housekeeping, home delivered meals, personal care services, home modification and case management.

## Rising Cost of Health Care

- Growth in the population of older persons needing long-term care and health care, diminishing capacity of family members to provide long-term care, changes in medical technology and inflation in health care costs have resulted in increasing obligations for the federal and state government and for the families as well.
- The fact that our older citizens are the highest utilizers of health care services poses serious issues for policymakers.
- Data provided by the Health Care Financing Administration (HCFA) shows how health care costs have risen for three key services since 1970 and are projected to rise to the year 2008.

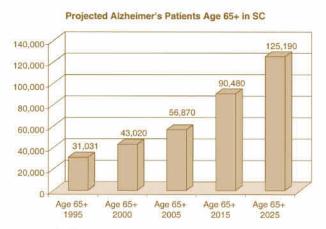


Source: Health Care Financing Administration; Updated July 14, 1999

## Impact of Alzheimer's and Dementia on South Carolina

- As people age, both the nation and the state of South Carolina will face the soaring costs of Alzheimer's Disease and related dementia.
- Currently it is estimated that the lifetime cost of care for an Alzheimer's Patient is \$174,000.

- Based upon National Alzheimer's Association statistics, 3 percent of all persons aged 65-74 will have Alzheimer's Disease. Of those 75-84, 18.7 percent will have it, and of those 85+, 47.2 percent have Alzheimer's Disease.
- Based upon South Carolina statistics, it is estimated that the number of Alzheimer's patients will increase from 43,020 in 2000 to 125,190 in 2025.
- The total cost impact of this growth together with health care inflation of 5 percent annually will result in a total impact on the state, insurance companies and families of \$794 million in 2000, and which will increase to \$7.7 billion in 2025.



Source: USC School of Public Health, Dementia and Alzheimer's Estimates

## The Need for Prevention Services in South Carolina

 With the dramatic growth of seniors in South Carolina, the state, families and individuals need to address ways in which to handle the growth of seniors in our state and to minimize the impact on resources.  During 1999 and 2000 there have been Senior Forums, public hearings on the State Plan on Aging, and other input through the area planning process to provide citizen and professional comments on the need for preventive services in the future. The following chart inicates key preventive services and their priority rank according to the mechanism or organization providing the input:

Preventive Service Needs	Senior Forums	Area Plan	Silver-Haired Legislature	
Transportation	-1	3	5	
Prescription Drugs	2		3	
Home Care & CLTC Services	3	4,5 & 5	4	
Home Repair Program	4			
Respite & Adult Day Care	5	4,5 & 5	4	
Home Delivered Meals	6	1		
Senior Centers	7	*		

- \* This was also a very high priority in area plan documents. It should be noted that other needs were mentioned, but the major common needs are listed here.
- Funding of these services are significantly less expensive than institutional services. Preventive Aging or home and community-based services (even when 100 percent state funded) are good investments to keep our seniors at home as long as possible.
- The Department of Health and Environmental Control has implemented the S.C. In-Home Prevention Services for Seniors Program and currently operates in 12 counties. It is a new program that is free to seniors 65 and older. A Registered Nurse will visit the home to screen for health risks and help the senior develop a personal health plan.
- The cost of institutionalization can be devastating to an individual and a family. One year in a nursing home may cost from \$34,000 to \$40,000.
- An investment of \$1,300 per person in state funds for preventive Aging Network home and community-based services may delay costly institutionalization from six months to a year or longer.

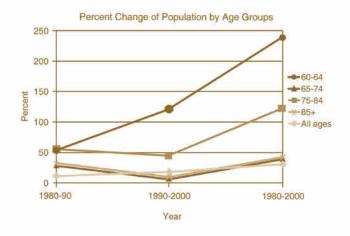
#### Past Growth

 South Carolina's seniors (those 60+) have grown from 286,272 in 1970 to 637,673 in 2000 for an increase of 123 percent.

1,400,000 1,200,000 1,000,000 800,000 400,000 200,000 1970 1980 1990 2000 2010 2020 2025

SC 60+ Population by Age Group 1970-2025

The two fastest growing segments are the 75 to 84 and the 85+ parts of the senior population. From 1980 to 2000, 75 to 84-year-olds increased by 123.9 percent and the 85+ population increased by 240.9 percent.



#### Future Growth

 South Carolina's seniors (those 60+) are expected to grow from 637,673 to 1,291,211 from 2000 to 2025 for an increase of 102.5 percent.

#### Characteristics

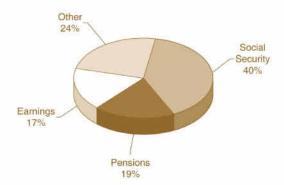
Based upon 1998 Census data, a number of important statistics show the characteristics of South Carolina's population:

- There were 468,440 persons aged 65 and older.
- 189,360 were male for 40.42 percent of this population.
- 279,080 were female for 59.58 percent of this age group.
- 372,530 or 79.53 percent were white and 102,910 or 20.47 percent were non-white.
- When comparing race and sex, white males account for 40.46 percent of whites, and non-white males account for 37.54 percent of non-whites in this age group.
- Many older South Carolinians live just above the poverty level, and these people are at substantial risk of falling into poverty with the slightest adversity.

### Employment

 Employment continues to be an important source of income for older adults.

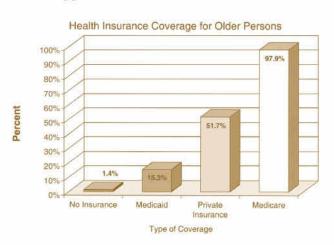
#### Major Sources of Income for Older Persons



- National data indicates that Social Security is a major source of income for 40 percent of older persons, pensions 19 percent and earnings 17 percent.
- 11.4 percent of individuals 65 and older remain employed. Hovever, 19.1 percent of those 65-69 remain employed.

#### Insurance

 Heath insurance is an important component of economic security, and is especially important as acute, chronic and disabling conditions become more apparent.



 Most elderly do not have coverage for long-term care insurance, and many do not have prescription drug coverage.

### Living Arrangements

- As persons grow older or have chronic illnesses or conditions, the level of need for assistance raises the issue of living arrangement. As people age, they are more likely to live alone.
- 23 percent of persons 65-74 live alone, and 35 percent of persons 75+ live alone.

# Nursing Homes/Home and Community Care

- In South Carolina there are 190 nursing homes with 18,324 beds and 92 percent of them are used by persons 65+.
- As of May, 2000 there were 195 persons waiting placement.
- Coordination of programs such as this with Senior Access will greatly assist our seniors to remain at home and healthy.

## South Carolina State Funding Compared to the Southeastern Average

- When comparing state funded support for home and community-based services (non-Medicaid), in nine Southeastern states, South Carolina ranks 7th in state funding per person served with aging-related services.
- South Carolina spends \$54.89 per person as compared to the Southeastern average of \$336.74.
   Based upon our review of the various programs, it is apparent that most other Southeastern states are able to provide a more comprehensive preventionoriented package of services to approximately 4.1 percent of persons age 60 and older.

## Volunteerism and the Value of Seniors in our Society

- South Carolina's seniors, both long-time residents and newcomers, are valuable assets to our state and local communities. They bring experience and knowledge, and not just problems that require government funds to solve.
- Senior volunteers provide countless hours serving in volunteer capacities throughout the state.

## Comparison of Spending on Home and Community-Based Services for Southeastern States

(State Funds Only)

State	Total Number of Clients	Age 60 + State Population (1998)*
South Carolina	29,783	622,522
North Carolina	68,164	1,251,190
Florida	107,562	3,397,366
Mississippi	35,253	446,052
Alabama	48,327	752,152
Georgia**	37,124	1,019,663
Kentucky	13,600	657,213
Tennessee	36,649	906,054
Virginia	41,930	1,014,710
Southeast Average	45,677	1,118,547

<sup>\*</sup> Source: Administration on Aging 1998 Census Estimates as of July 1, 1998.

<sup>\*\*</sup> Georgia population figures are 1999 estimates

Percentage of Population Served	State Funding for Home and Community Based Services	Spending per Client per Year (state funding only)
4%	\$1,634,817	\$54.89
5%	\$24,981,688	\$366.49
3%	\$66,503,685	\$618.28
7%	\$578,646	\$16.41
6%	\$1,842,000	\$38.11
3%	\$13,711,839	\$369.35
2%	\$18,180,400	\$1,336.79
4%	\$1,500,554***	\$40.94
4%	\$7,943,265	\$189.44
4.1%	\$15,208,544	\$336.74

<sup>\*\*\*</sup> For FY 2000-01, Tennessee has allocated an additional \$16 million for home and community-based services. \$11 million for Medicaid and \$5 million for non-Medicaid.

### Population Over Age 60 in 1998

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County	60+ Pop.	Total Pop.	Percentage	
Abbeville County	4,820	24,630	19.6%	
Aiken County	22,790	134,050	17.0%	
Allendale County	1,770	11,460	15.4%	
Anderson County	29,120	160,790	18.1%	
Bamberg County	2,850	16,500	17.3%	
Barnwell County	3,520	21,770	16.2%	
Beaufort County	22,190	108,960	20.4%	
Berkeley County	14,170	136,540	10.4%	
Calhoun County	2,400	14,050	17.1%	
Charleston County	51,440	316,480	16.3%	
Cherokee County	8,570	49,170	17.4%	
Chester County	5,830	34,400	16.9%	
Chesterfield County	6,850	41,080	16.7%	
Clarendon County	5,470	30,810	17.8%	
Colleton County	6,300	37,360	16.9%	
Darlington County	10,680	66,370	16.1%	
Dillon County	4,800	29,750	16.1%	
Dorchester County	10,320	88,130	11.7%	
Edgefield County	3,140	20,000	15.7%	
Fairfield County	4,110	22,390	18.4%	
Florence County	19,090	124,900	15.3%	
Georgetown County	11,360	53,730	21.1%	
Greenville County	57,160	353,850	16.2%	
Greenwood County	11,900	63,620	18.7%	
Hampton County	3,330	19,200	17.3%	
Horry County	35,570	174,760	20.4%	
Jasper County	2,760	17,000	16.2%	
Kershaw County	8,310	48,590	17.1%	
Lancaster County	9,850	58,890	16.7%	
Laurens County	11,090	63,250	17.5%	
Lee County	3,360	20,400	16.5%	
Lexington County	27,680	205,260	13.5%	
McCormic	1,990	9,550	20.8%	
Marion County	5,830	34,610	16.8%	
Marlboro County	4,900	29,590	16.6%	
Newberry County	6,740	34,460	19.6%	
Oconee County	13,180	64,060	20.6%	
Orangeburg County	14,870	87,870	16.9%	
Pickens County	16,960	107,090	15.8%	
Richland County	40,470	307,060	13.2%	
Saluda County	3,360	17,030	19.7%	
Spartanburg County	42,000	247,460	17.0%	
Sumpter County	14,570	107,130	13.6%	
Union County	6,120	30,500	20.1%	
Williamsburg County	6,160	37,120	16.6%	
York County	22,830	154,310	14.8%	
South Carolina	622,500	3,836,000	16.2%	

Source: U.S. Bureau of the Census, Division of Population Estimates

The following organizations have created a coalition as a senior advocacy group to provide this brochure to help our state's policymakers address the needs of our state's seniors, and to fully utilize their talents as they age:

Department of Health and Human Services
Department of Health
and Environmental Control

AARP

Silver Haired Legislature
The Adult Protection Coordinating Council
Eldercare Partnership

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Department of Health and Human Services



South Carolina Department of Health and Environmental Control